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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

# UNITED STATES DISTRICT COURT

for the

District of Wississiff

Division

Plaintiff(s)

(Write the full hame of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-V-

Clarke County jail

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

2:25-cv-51-TBM-RPM

(to be filled in by the Clerk's Office)

SOUTHERN DISTRICT OF MISSISSIPP

APR 15 2025

ARTHUR JOHNSTON
BY DEPUTY

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

<ol> <li>The Partie</li> </ol>	s to This	Complaint
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Α.	The	Pla	iin	tif	f(s)
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Provide the information below	v for each plaintiff na	med in the complaint.	Attach additional p	ages if
needed.				

Name All other names by which	Danny	Hudson
you have been known:		
ID Number		
Current Institution	Clasko	County ail
Address	444	Donald 5+
	Quitman	MS 39355
	City	State Zip Code

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

	Individual capacity	Official capacity	/
	Citv	State	Ziv Code
Address			
Employer			
Shield Number			
Job or Title (if known)			
Name			
Defendant No. 2			
	Individual capacity	Official capacity	/
	City	M S Sale	Zip Code
Address	444 W Do	hald St	2025
Employer			
Shield Number			
Job or Title (if known)	· · · · · · · · · · · · · · · · · · ·		
Name	Clark Coun	Ty Ja,	-{
Defendant No. 1	01 110	4	. /

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		Defenda	ant No. 3				
		Na	me	_			
		Job	o or Title (if known)	_			
		Shi	ield Number				
		Em	nployer				
		Ad	ldress				
				·			
					City	State	Zip Code
					Individual capacity	Official capacit	У
		Defenda	ant No. 4				
		Na	me				
		Job	o or Title (if known)	-			
		Shi	ield Number	-			
		Em	ıployer				
		Ad	dress				
				-			
				•	City	State	Zip Code
					Individual capacity	Official capacit	У
II.	Basis	for Juris	diction				
	immuı <i>Federi</i>	nities secu	ured by the Constitution of Narcotics, 403 U.S.	n and [fe	local officials for the "de deral laws]." Under <i>Bive</i> (271), you may sue federal	ens v. Six Unknown N	amed Agents of
	A.	Are you	u bringing suit against (	check all	that apply):		
		☐ Fe	deral officials (a Biven	s claim)			
		Sta	ate or local officials (a	§ 1983 c	elaim)		
	В.	the Con	stitution and [federal la	aws]." 4	ne "deprivation of any rig 12 U.S.C. § 1983. If you (s) do you claim is/are be	are suing under section	n 1983, what
		was	attalked	Ьy	inmite was	s cefused	medical
	C.	Plaintif	fs suing under <i>Bivens</i> n ng under <i>Bivens</i> , what c	nay only	recover for the violation ional right(s) do you clair	of certain constitution	nal rights. If you

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
	-	They were on duty when charged with more
	a	They were on duty when estacked by a outside agency in make charged with more than all did at give me medical treatment
III.		oner Status
	Indic	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain) I have about but court afford it
IV.	State	ment of Claim
	allege furthe any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include a details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain eent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.

C.	What date and approximate time did the events giving	ng rise	to your	claim(s)	occur?
----	--	---------	---------	----------	--------

March 172025 around (Inch.)
What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?

Was anyone else involved? Who else saw what happened?)

I woke up startad stretching Then was extracted I have had a spinal fusion and had X-Rays extens on the stept about a tracted Before affected put in sich call slip over a month ago still Not heard onything Back yet told oraivers I Needed medical attention still have heard anything

## V. Injuries

D.

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

yes my Back is Messed up worse and still received No Medical

### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Sue for injury and Pain and Suffering

## **Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?				
	Yes				
	□ No				
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).				
	Cluste county sail				
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?				
	Yes				
	□ No				
	☐ Do not know				
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?				
	☐ Yes				
	□ No				
	Do not know				
	If yes, which claim(s)?				

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	☐ Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	Clarke County Jail  2. What did you claim in your grievance?  Not heard anything back about medical Slip and Being attacked
	3. What was the result, if any?
	None

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

M Decause they will not respond

	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
vm.	Previou	us Lawsuits
	the filing brough malicion	nree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ng fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility t an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, ous, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	☐ Ye	s ·
	V No	
	If yes,	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

	ve you filed other lawsuits in state or federal court dealing with the same facts involved in this ion?
	] Yes
Z	No
	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there re than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1.	Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
3.	Docket or index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit
6.	Is the case still pending?
	Yes
	□No
	If no, give the approximate date of disposition.
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

	<b>□</b>	Yes No				
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)					
	1.	Parties to the previous lawsuit				
		Plaintiff(s)				
		Defendant(s)				
	2.	Court (if federal court, name the district; if state court, name the county and State)				
	3.	Docket or index number				
	4.	Name of Judge assigned to your case				
	5.	Approximate date of filing lawsuit				
	6.	Is the case still pending?				
		Yes				
		□No				
		If no, give the approximate date of disposition				
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)				

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: $4-9$ .	2025			•	
Signature of Plaintiff  Printed Name of Plaintiff  Prison Identification #	Da	M	to	-	and the same and the same
Prison Address	444 Qu:1n	W D	Ponald	St MS State	<b>79355</b> Zip Code
For Attorneys					
Date of signing:					
Signature of Attorney					
Printed Name of Attorney					
Bar Number					
Name of Law Firm			<u></u>		
Address					
		City	<del></del>	State	Zip Code
Telephone Number					
E-mail Address					
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  For Attorneys  Date of signing:  Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address  Telephone Number	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  For Attorneys  Date of signing:  Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address  Telephone Number	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  4444	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  4444 W DOAald Quilman City  For Attorneys  Date of signing:  Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address  City  Telephone Number	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  4444 W Donald St  Ouilman City  State  For Attorneys  Date of signing:  Signature of Attorney Printed Name of Attorney Bar Number  Name of Law Firm Address  City  State  Telephone Number